



SS # ~~000-00~~-2892

UI LO #: 14  
UI Acct. #:

**DETERMINATION**

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SCOTT I COLLETT  
5817 W ROOSEVELT DR  
MILWAUKEE WI 53216-3157

Issue Week:	11/20	Applicable
Week Ending:	03/14/20	Wisconsin Law: 108.04(2)(H); 108.04(12)(F)

**FINDINGS AND DETERMINATION OF THE DEPUTY:**

THE CLAIMANT IS RECEIVING SOCIAL SECURITY DISABILITY PAYMENTS.  
THE CLAIMANT CANNOT RECEIVE SOCIAL SECURITY DISABILITY PAYMENTS AND  
UNEMPLOYMENT INSURANCE BENEFITS CONCURRENTLY.

**EFFECT**

BENEFITS ARE DENIED WHILE THE CLAIMANT IS RECEIVING SOCIAL SECURITY  
DISABILITY PAYMENTS.

IF YOU ARE NO LONGER RECEIVING SSDI, CALL 1-414-435-7069. YOU MUST  
PROVIDE DOCUMENTATION OF THIS FROM THE SOCIAL SECURITY ADMINISTRATION.

THIS DECISION RESULTS IN AN OVERPAYMENT OF \$ 2418.00 WHICH MUST  
BE REPAID BY THE CLAIMANT.

SEND A CHECK OR MONEY ORDER, PAYABLE TO UNEMPLOYMENT INSURANCE,  
TO THE UNEMPLOYMENT INSURANCE DIVISION, P.O. BOX 7888, MADISON, WI 53707.

THE DEPARTMENT WILL WITHHOLD UNEMPLOYMENT BENEFITS PAYABLE FOR FUTURE  
WEEKS TO OFFSET OVERPAYMENTS OF UNEMPLOYMENT INSURANCE AND OTHER  
SPECIAL PROGRAM BENEFITS THAT MUST BE REPAID TO THIS STATE, TO  
ANOTHER STATE, OR TO THE FEDERAL GOVERNMENT.

RECOVERY OF THE OVERPAYMENT PAID UNDER THE WISCONSIN UNEMPLOYMENT INSURANCE  
PROGRAM IS NOT WAIVED UNDER S. 108.22(8)(C) BECAUSE THE ERRONEOUS  
PAYMENT(S) WERE NOT THE RESULT OF DEPARTMENTAL ERROR AND/OR THEY WERE THE  
RESULT OF THE CLAIMANT'S FAILURE TO PROVIDE CORRECT AND COMPLETE  
INFORMATION TO THE DEPARTMENT.

THE DEPARTMENT MAY ISSUE A WARRANT TO SECURE THE DEBT FOR THE STATE  
OF WISCONSIN. A WARRANT IS A PUBLIC RECORD OF A LIEN ON YOUR PROPERTY  
AND MAY AFFECT YOUR CREDIT RATING.

Deputy <b>ADJUDICATOR 0147</b>	Dated <b>01/15/21</b>	Decision final unless an appeal is received or postmarked by: <b>01/29/21</b>
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This determination resolves an unemployment eligibility issue. If you have questions about this determination contact the Claimant Assistance Line during business hours, or contact the department by mail or fax.

If you have questions about employer charges or want to notify the department of an additional issue(s), contact the Employer Assistance Line during business hours, or contact the department by mail or fax.

<p>Claimant Assistance Line: (414) 435-7069</p> <p>Employer Assistance Line: (414) 438-7705</p> <p>See <a href="https://dwd.wisconsin.gov/uiben/services.htm">https://dwd.wisconsin.gov/uiben/services.htm</a> for hours of operation.</p>	<p>Wisconsin Unemployment Help Center</p> <p>P.O. Box 9001</p> <p>Menomonee Falls, WI 53052</p> <p>FAX: (608) 260-3060</p>
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**If you intend to appeal, you must file an appeal by the date stated on the front side of this determination regardless of whether you have been able to reach the department by telephone, mail, or fax.**

### HOW TO FILE AN APPEAL

**IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL. An appeal is a request for a hearing before the Appeal Tribunal. You must submit a separate request for each determination you want to appeal.**

To be timely, your appeal must be received or postmarked by the last appeal date shown on the front of this determination. If filing by fax or online, your appeal **must be received by midnight (Central Time).**

#### Filing by mail or fax include:

- \* A copy of the determination or the 9-digit ID number located in the upper left-hand corner
- \* Claimant name and social security number
- \* Indication if it is a claimant or employer appeal
- \* Employer name and location where the work was performed
- \* Representative name and address, if you have one
- \* Dates and times when you and your witness(es) and/or representatives cannot attend a hearing
- \* Any special needs such as an interpreter or other accommodations
- \* Claimant, employer or representative signature and date signed

Appeals received or postmarked after the deadline **must** include a reason why you are filing late. The Appeal Tribunal will review the reason and determine whether a hearing will be held or will dismiss the appeal without a hearing and the determination will remain final.

### WHERE TO FILE AN APPEAL

**Online:** **CLAIMANTS** <https://my.unemployment.wisconsin.gov>  
**EMPLOYERS** <https://dwd.wisconsin.gov/ui/sides>

**Fax:** (608) 327-6498

**Mail:** Madison Hearing Office  
P.O. Box 7975  
Madison, WI 53707

**IMMEDIATELY START PREPARING FOR A HEARING SINCE HEARING NOTICES MAY BE MAILED ONLY 6 DAYS PRIOR TO THE SCHEDULED HEARING.**

When an appeal is filed, read the online booklet, Attending an Unemployment Insurance Hearing, available for viewing and printing at <https://dwd.wisconsin.gov/dwd/publications/ui/hearing.htm>. **Read all information carefully.**

**If you are the claimant, you must continue to file weekly claims while this determination is under appeal.** If you have any questions, refer to the online Handbook for Claimants at <https://dwd.wisconsin.gov/uiben/handbook>.



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**FINDINGS AND DETERMINATION OF THE DEPUTY:**

THIS DETERMINATION ALSO RESULTS IN AN OVERPAYMENT OF FEDERAL PANDEMIC UNEMPLOYMENT COMPENSATION (FPUC) BENEFITS THAT MUST BE REPAID. YOU WILL RECEIVE A SEPARATE "UCB-28 NOTICE OF FEDERAL PANDEMIC UNEMPLOYMENT COMPENSATION OVERPAYMENT" REGARDING THE AMOUNT OF FPUC BENEFITS THAT MUST BE REPAID.

YOU MAY QUALIFY FOR PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA) IF YOU MEET CERTAIN CONDITIONS. GO TO [HTTPS://DWD.WISCONSIN.GOV/UIBEN/PUA/](https://dwd.wisconsin.gov/uiben/pua/) FOR MORE INFORMATION. TO APPLY, LOGON TO MY.UNEMPLOYMENT.WISCONSIN.GOV AND USE THE LINK ON YOUR DASHBOARD TO APPLY FOR PUA ONLINE.

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